

## SOUTHWEST WASHINGTON HEALTH DISTRICT

Clark County Health Center PO Box 1870 1950 Fort Vancouver Way Vancouver WA 98663 (360) 397-8428 Fax (360) 397-8084 Skamania County Health Center PO Box 162 683 Rock Creek Drive Stevenson WA 98648 (509) 427-5138 Fax (509) 427-5272

## APPLICATION FOR FOOD ESTABLISHMENT PERMIT

This form must be completely filled out and signed to renew an existing permit.

NAME OF FOOD SERVICE ESTABLIS	SHMENT			
SITE ADDRESS		CITY	STATE WA	ZIP
ESTABLISHMENT PHONE NUMBER		FAX NUMBER		
OWNER / COMPANY NAME				
OWNER'S ADDRESS				
OWNER'S BUSINESS PHONE		FAX NUMBER	FAX NUMBER	
BILLING INFORMATION / NAME				
BILLING ADDRESS		CITY	STATE	ZIP
BILLING PHONE		BILLING FAX NUMBER		
Does the above owner/company operate or	own other food service establishme	nts in Clark or Skaman	nia County? YES NO	]
IF YES, please list those establishments				
IS THIS A CHANGE IN OWNERSHIP?	P NO ☐ YES ☐ IF YES, date o	of change		
WATER: Public Sm	nall Public Water Supply Name		ID#	
SEWAGE: Public Sewer On	n-site (septic) Last inspection or	pumping date		
TYPE OF ESTABLISHMENT: Check one or more that best describes the type of establishment.  Restaurant Tavern/Bar Convenience Store (only) Convenience Store & Deli Caterer School Cafeteria Food Bank Grocery (only) Grocery Store and Deli and Bakery Annual Itinerant Grocery (only) Grocery Store and Deli and Bakery Annual Fish Market Bakery (only)  SEATING CAPACITY				
ANNUAL GROSS REVENUE: (For restaurants and taverns only) Tax ID #				
Check one A. 0-\$250,000 B. \$250,000 - \$500,000 C. \$500,000 - \$750,000 D. \$750,000 - \$1,000,000 E. \$1,000,000 and over				
The undersigned, as Manager and/or Owner, does hereby make application to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service, WAC 246-215, and the Local Board of Health. I understand that this Permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location. I give the Southwest Washington Health District permission to obtain revenue information about my establishment.  APPLICANT'S SIGNATUREDATE				
FOR OFFICE USE ONLY:				
Date	Base Fee \$		Client ID #	
Receipt #	Level \$		Permit Anniversary I	Date
Received by:	Revenue \$		Site ID #	
	Total Permit Fee Paid \$		Inspector	